Book Review Essay

Unseen Wounds: Psychiatric Casualties in Combat

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NO MORE HEROES: Madness and Psychiatry in War. By Richard A. Gabriel. Hill and Wang, New York, 1987, 179 pp., $17.95. (Member $16.15)

MILITARY PSYCHIATRY. Edited by Richard A. Gabriel. Greenwood Press, Westport, CT, 1986, 225 pp., $37.50. (Member $33.70)

SOVIET MILITARY PSYCHIATRY. By Richard A. Gabriel. Greenwood Press, Westport, CT, 1986, 170 pp., $35.00. (Member $32.00)

CONTEMPORARY STUDIES IN COMBAT PSYCHIATRY. Edited by Gregory Belenky. Greenwood Press, Westport, CT, 1987, 283 pp., $39.95. (Member 35.95)

Some of the most poignant commentary of the Vietnam conflict was penciled on Marine Corps helmet covers. One dark example, "A sucking chest wound is Nature's way of telling you that you've been in a firefight," is a memorable epigram to close combat. However, from a medical standpoint, an open chest wound is not especially difficult to identify, and the immediate treatment is usually straightforward and obvious. In contrast, the books reviewed here discuss a deceptive, complex, yet alarmingly common battlefield problem: the psychiatric casualty.

The stark realities of battle may push the "sanest" of men to the frontiers of mental tolerance, but a psychiatric casualty emerges when stress overwhelms the individual and he loses control of his emotions. Typically, there is no warning sign or physical evidence; but when the individual reaches the breaking point, he may shrink into a fetal position, or become sullen, or begin to cry or scream uncontrollably. No matter how quiet or chaotic conditions may be, the unexpected onset of a "psych case" is alarming, and there is always the possibility that fear and uncertainty may spread to vulnerable observers. Unfortunately, this type of leadership problem is not often discussed in detail at professional military schools, but in the throes of combat the scenario will challenge any field commander.

How frequently do psychiatric casualties occur? According to these authors, psychiatric problems in past conflicts have been significant enough to impair battlefield effectiveness. The extent of the problem is noted by author Richard Gabriel:

> In World War II . . . American fighting forces lost 504,000 men from the fighting effort because of psychiatric collapse. That is a number sufficient to man fifty combat divisions! . . . In the 1973 Arab-Israeli War, almost a third of Israeli casualties overall were due to psychiatric reasons. The same was true among the opposing Egyptian forces. In the 1982 incursion into Lebanon, Israeli psychiatric casualties were twice as high as the number of dead; psychiatric casualties accounted for 27 percent of the total wounded casualties.

Ambush country brings tension.

The Russian Army was the first latter-day fighting organization to recognize and record attempts to treat the consequence of combat stress (during the Russo-Japanese War of 1905). Despite this early recognition, modern armies throughout the 20th century have treated the mentally wounded haphazardly. Currently, there appears to be a consensus that *forward treatment is the most effective method of handling psychiatric casualties.* By definition, forward treatment mandates that the casualty be cared for "within the sound of the guns," at the immediate frontline medical facility. In most cases, this will be the battalion or regimental aid station.

High-intensity combat creates immense stress, but in most cases a psychological breakdown can be viewed as a temporary impairment. Experience has shown that when the psychiatric casualty is evacuated further rearward, the task of returning the individual to combat duty becomes increasingly difficult. If the individual is identified as having a "disease," there is a high likelihood that he will become a "patient," and the trip rearward begins. Therefore, the most effective current techniques emphasize immediate care, proximate to the frontline, *with the expectation that the individual will rapidly return to combat.* This is a relatively recent development. During the early part of the Vietnam conflict, U.S. forces did not observe this principle, preferring to evacuate psychiatric casualties to offshore hospital ships.

With a doctrine of forward treatment, a military force can expect to return 75 percent of the psychiatric casualties to combat duty within 72 hours. The Israeli Defense Force (IDF) confirmed these statistics during the 1982 war in Lebanon. However, in instances where rearward evacuation was required, this same army returned only 40 percent of the psychiatric casualties to the battlefield, although many of the individuals not able to return to combat were salvaged for rear echelon tasks.

•*No More Heroes—Madness and Psychiatry in War* is the newest of Richard Gabriel's works on the ability of combatants to endure the emotional brutality of modern warfare. Gabriel has served as a U.S. Army intelligence officer and has authored numerous books on military subjects, including the well-known *Crisis in Command* (1979), written with Paul L. Savage. He is currently a professor of political science and lectures internationally. This book

traces the historic impact of frontline battle on participants, with clear emphasis on the ability of future warriors to withstand the cauldron of high-tech conflict.

The well-researched and informative text includes an interesting discussion of contemporary attempts to nullify and control fear with mind-altering drugs. Gabriel notes that chemical assaults on fear have a long history. Soldiers of the British Army have traditionally been given a double jigger of rum to "steel the nerves" before battle, and the Russian Army has reportedly used vodka rations and "herbal extracts" to buttress the fighting spirit of its infantry troops. During the recent Vietnam experience, American troops abused alcohol, marijuana, psychedelics, and heroin—despite official censure—to allay anxiety.

According to Gabriel, the ability to produce a "warrior drug" may someday be a pharmacological possibility. However, he contends that a chemical prophylaxis for fear is unconscionable and shortsighted. The combat soldier would be transformed into a thoughtless military machine—an expendable piece of hardware. Commanders envisioning ranks of steel-nerved "Terminators" and those who have struggled against the vicious grip of fear may not embrace Gabriel's moral stance. Nonetheless, this book is worthwhile reading for any military professional.

•*Military Psychiatry*, edited by Richard Gabriel, is a cross-cultural study of how four major armies—American, Soviet, German, and Israeli—treat psychiatric casualties. The reader soon realizes that the doctrines and practices of each army are the result of their unique military histories, tempered by the psychiatric bias of each nation's medical community. For a reader interested in Soviet psychiatry, this text would be an ideal starting point before journeying into the more detailed volume discussed below.

This volume also looks at combat stress reactions in the German Army of World War II. At the end of 1941 the Wehrmacht was victorious on all fronts, but by 1945 the battered German Army and nation were in ruin. The psychological envelopment of this rigorously trained army by four years of unrelenting warfare is particularly telling. A 1944 German war report stated:

> Unnecessarily, and in dangerous amounts, cases are multiplying where officers and soldiers are delaying their recoveries from illnesses, wounds, and accidents for a long period of time . . . . These people were known as "war hysterics" even as far back as the first war.

Like the other books in this review, *Military Psychiatry* examines medical casualties that are not officially labeled as psychiatric. These are illegitimate or covert psychiatric casualties that seek evacuation from battle vice legitimate medical channels. The symptoms are usually suspicious or ill-defined: dizziness, headache, exaggerated strains and sprains, or purposeful noncompliance with standing self-maintenance procedures (e.g., failure to prevent frostbite, contraction of venereal disease, or failure to maintain malaria prophylaxis). Unfortunately, some individuals may become so extreme in their need to evade combat that they attempt suicide or self-mutilation.

• *Soviet Military Psychiatry* is the first comprehensive study by a Western author of how the Soviet military identifies and treats psychiatric casualties. The triage similarities and differences between Soviet and Western armies are illustrated and fortified with historic examples. Soviet psychiatry has traditionally been oriented toward a search for biological causes of mental illness, and Soviet psychiatric training emphasizes a medical approach with little concern for theoretical psychology.

Soviet military psychiatric problems are presented here in a direct fashion. Even peacetime military life is portrayed as harshly stressful by Western standards. A Soviet soldier who suffers from a psychological problem or attempts suicide is almost always sent to prison, and if found to be psychotic (hard-core, biological insanity), even during peacetime, his fate—usually punitive—is determined by the officer in charge.

It is interesting to note that the Soviet military are convinced their psychiatric stance is more effective than Western approaches in retaining battlefront manpower. This thinking is founded on the belief that during World War II they suffered less from psychiatric problems than the Allied armies.

• *Contemporary Studies in Combat Psychiatry*, edited by Gregory Belenky, draws together unique perspectives of the effect 20th century warfare has on the human psyche. The psychological aftermath of high- and low-intensity warfare is illustrated with examples ranging from the 1973 Arab-Israeli War to the bush battles of Biafra. Additionally, a different form of psychiatric trauma—extreme heroism—is discussed. Belenky explores this triumph of courage over fear and the struggle between idealistic devotion and the primal instinct for self-preservation. Traditional leadership values—esprit de corps, unit cohesion, and the commitment to comrades—are viewed as contributing ingredients. Any reader interested in the behavior and emotions of men at war will discover an array of stimulating thoughts in Belenky's text.

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As a group, the authors agree that the incidence of stress-related casualties will probably increase in future conflicts. Body and mind are vulnerable to rapid-fire weaponry, and psychiatric casualties escalate in direct proportion to (1) the intensity of battle, (2) the length of exposure, (3) the onset of physical exhaustion and low morale, and (4) the lack of adequate leadership. The tactical situation may also be a contributing factor if troops must retake previously dominated terrain or participate in prolonged defensive struggles under direct enemy fire. The authors agree that trusted leadership, discipline, unit cohesion, and faith in one's comrades minimize the predilection to psychological breakdown.

All of these books discuss the basic precepts of modern combat psychiatry without becoming entangled in medical lexicon. Each work includes interesting historic perspectives, fortified with practical information for the military professional. A study of all four books reveals one overriding consensus—the psychiatric casualty is an ever-present exigency in conventional high-intensity warfare, but with timely, straightforward treatment, the likelihood of full recuperation is quite high. The payoff for the field leader of properly understanding and handling this challenging battlefield problem will be the quick return of his most valued asset: a combat-ready Marine. USMC

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